

Town of Blades Building Permit Application

Owner Information

Name: _____

Address: _____

Phone#: _____

Signature: _____

Applicant Information

(if not owner)

Name: _____

Address: _____

Phone#: _____

Signature: _____

Contractor Information:

Business Name: _____

Contractors Name: _____

Address: _____

Phone Number: _____

Property Information:

PIDN: _____ Zoning District: _____

Address: _____

Type of Ownership: _____ Private _____ Public

Type of Improvement:

_____ New Building* _____ Addition _____ Repair _____ Replacement

_____ Alteration _____ Demolition _____ Relocation _____ Foundation

***Notice: Water impact, connection and community impact fees are due upon approval and issuance of building permit.**

Proposed Use:

- | | | |
|--|--|---|
| _____ Add to Accessory Structure | _____ Carport | _____ Pool |
| _____ Churches and Religious | _____ Stores and Customer Service | _____ Residential Addition (Room) |
| _____ Relocation of House | _____ Public Works and Utilities | _____ Renewal (\$25.00 Fee) |
| _____ Residential Addition
(Porch/Deck/Patio) | _____ Residential Alteration
(ex. Roof/Windows) | _____ Single Family (Attached)
(Townhouse) |
| _____ Demo of 5 Family Building | _____ Demo of 3-4 Family Building | _____ Demo of 2 Family Building |
| _____ Demo of SPD | _____ Demo of Other Building | _____ 5 or More Family Building |
| _____ Schools & Other Education | _____ Single Family Dwelling
(Detached) | _____ Fence |
| _____ Other Residential Building
(Accessory Street) | _____ Service Station/Repair Garage | _____ Shed |
| _____ Two Family Dwelling | _____ Offices, Banks, & Professional | _____ Sign |
| _____ Foundation Only | _____ Industrial | _____ Other Non-House Shelter |
| _____ Structure Other than Building | | |

Please provide a brief description of the intended work to be done:

Total Estimated Cost of Work:

I certify that all the information contained in this permit is true and correct. All aspects of the work associated with the planning, pursuit and completion of the project shall be in accordance with the ordinances of the Town of Blades as determined by the appropriate town official(s). **I also understand that I must attach plans or a sketch of the intended improvement(s) in triplicate. I will provide verification documentation of the estimated cost if so requested.** I also certify that any or all damages to any or all property, which occurs as a result of the planning, pursuit and completion of this project, shall be repaired by me and at no cost to the owner of the damaged property.

Note: Fee will be doubled if construction is started without permit. Permit becomes VOID in 12 months.

Signature of Applicant:

For Office Use Only:

Date Received: Received by:

Water Owed: Taxes Owed: Back Maintenance Owed:

Current Certificate of Occupancy: ____ Yes ____ No If so, date issued:

Variance Needed: ____ Yes ____ No Water Needed: ____ Yes ____ No Building Permit Approved: ____ Flood Zone: ____
____ No ____ No Building Permit Denied: ____

If denied, please give reason(s):

Building Official Signature:

Date Work Completed: Date Inspected:

New C/O Needed: ____ Yes ____ No Work Approved: ____ Yes ____ No

Signature of Inspector(s):

Applicable Fees:

Impact Fees: Water	\$2,200.00	Paid: ____ Yes ____ No	Cash/Check Number:
Community	\$1,000.00	Paid: ____ Yes ____ No	Cash/Check Number:
Public Safety	\$1,500.00	Paid: ____ Yes ____ No	Cash/Check Number:
Permit Fees: Building Permit	Building Permit Number:	Cash/Check Number:
Water Permit	\$ 500.00	Paid: ____ Yes ____ No	Cash/Check Number:
Meter Permit	\$ 550.00	Paid: ____ Yes ____ No	Cash/Check Number:
Certificate of Occupancy	\$ 50.00	Paid: ____ Yes ____ No	Cash/Check Number: